

STATE OF NEVADA

BRIAN SANDOVAL
Governor

MICHAEL J. WILLDEN
Director



RICHARD WHITLEY, MS
Administrator

TRACEY D. GREEN, MD
State Health Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

Medical Marijuana Registry
4150 Technology Way, Suite 104
Carson City, Nevada 89706
Telephone: (775) 684-4218 · Fax: (775) 684-4156

MEDICAL MARIJUANA REGISTRY REQUEST FORM

I am formally requesting a Medical Marijuana Cardholder/Caregiver Registry application. Included with this request is a check or money order in the amount of \$25.00 made payable to Division of Public and Behavioral Health (DPBH).

Please mail the application to: (Please type or print clearly)

_____ **Primary Cardholder Application**

First Name: _____ Middle: _____ Last: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Date of Birth: _____ Phone #: _____

_____ **Caregiver Application**

Caregiver Name: _____ Date of Birth: _____

_____ **Minor Release Form (if cardholder is a minor)***

**Per NRS 453A.210 the custodial parent or legal guardian with responsibility for health care decision must be the minor's caregiver.*

Patient signature _____ Date _____

Mail completed form to:
Division of Public and Behavioral Health
Attn: MMR
4150 Technology Way Suite 104
Carson City NV 89706